

Name
in
Full

Sam'l. J. Baynard

CERTIFICATE OF DEATH

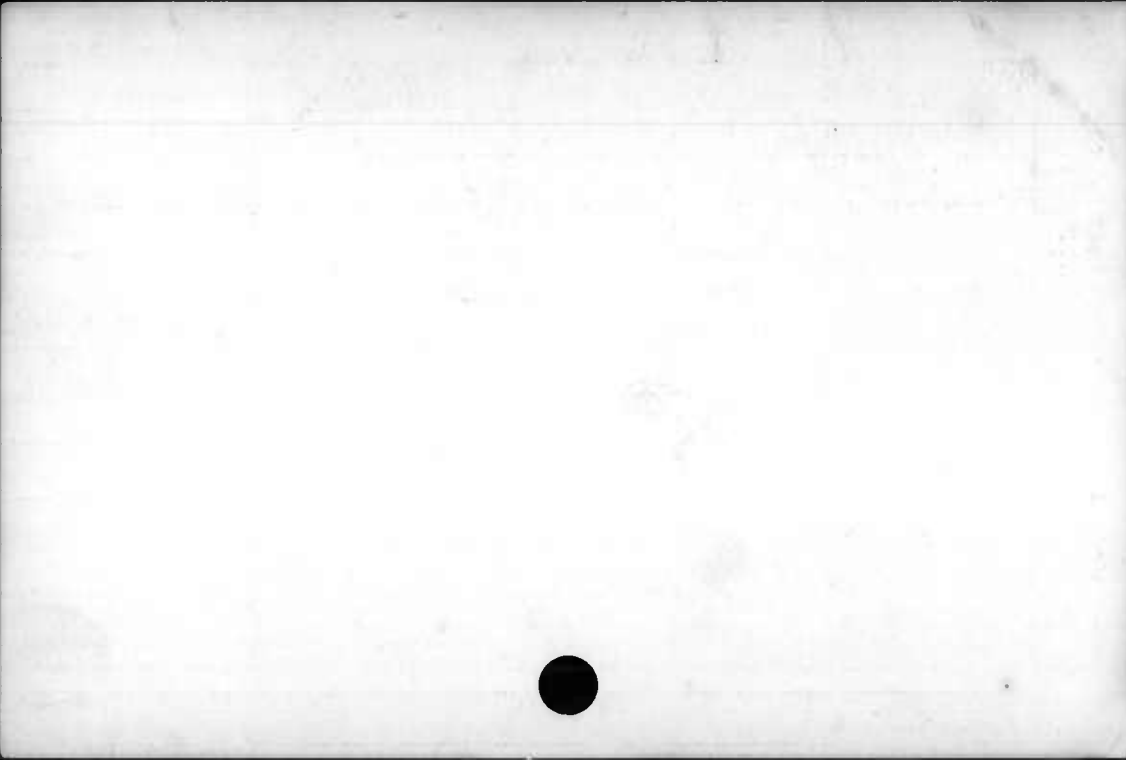
TO BE ANSWERED BY
NEAREST FRIEND

Died at St. Michaels ^{Town}		Dalbot ^{County}		MARYLAND	
Date of death 190 3	Month 10	Day 14	Age 74 ^{Years}	Months 6	Days 26
Sex Male	Color or Race White		Birth-place Dalbot Co Md		
Married, Single or Widowed married		Occupation Farmer			
Name of Wife or Husband Rebecca Baynard					
Father's Name Jno. Baynard		Father's Birthplace St Michaels Md			
Mother's Maiden Name Lydia Blades		Mother's Birthplace St. Michaels Md			
Name of person giving information Rebecca Baynard		How related to deceased Wife			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Organic Liver Disease	How long 18 months
Immediate Asthenia	How long 6 weeks
Are the name, age, sex, color, date and place correctly given above? yes	Signature of Physician A. B. Glascock
	Address St. Michaels Md
Accident or Suicide? —	



Name
in
Full

Rufus Blackson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Easton</u> ^{Town}		<u>Talbot</u> ^{County}		MARYLAND	
Date of death 190 <u>3</u>	<u>October</u> ^{Month}	<u>15th</u> ^{Day}	Age <u>61</u> ^{Years}	<u>10</u> ^{Months}	<u>10</u> ^{Days}
Sex <u>Male</u>	Color or Race <u>Colored</u>	Birth-place <u>Easton Md.</u>			
Married, Single or Widowed			Occupation		
Name of Wife or Husband					
Father's Name <u>John Blackson</u>			Father's Birthplace <u>Easton Md</u>		
Mother's Maiden Name <u>Natie Miller</u>			Mother's Birthplace <u>" "</u>		
Name of person giving information <u>Father John Blackson</u>			How related to deceased <u>Father</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Meningitis</u>	How long <u>four days.</u>
Immediate <u>Cordiac Arrest</u>	How long <u>Suddenly.</u>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <u>P. L. Travers.</u>
	Address <u>Easton, Md.</u>
Accident or Suicide?	



Name in Full

Mary Etta Cornish

Town

County

Talbot-

MARYLAND

Died at

Easton

Date 19

03

Month

Oct

Day

14

Age

Y.

M.

D.

30-11-18

Native of

U.S.A

Occupation

House work

~~Male~~~~White~~~~Married~~~~Widow~~~~Divorced~~

Female

Colored

Single

~~Widower~~

Number of children living

—

Husband

of

Wife

Father's

Name

Irvin Cornish

Mother's

Maiden Name

Adeline Cooper

Cause of

Primary

Pulmonary Tuberculosis.

How long sick

5 Mo

Death

Immediate

Hemorrhage

~~Accident, Suicide, Homicide~~

Reported by

Chas. F. Davidson

Address

Easton Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in FullTO BE ANSWERED BY
NEAREST FRIEND

CERTIFICATE OF DEATH

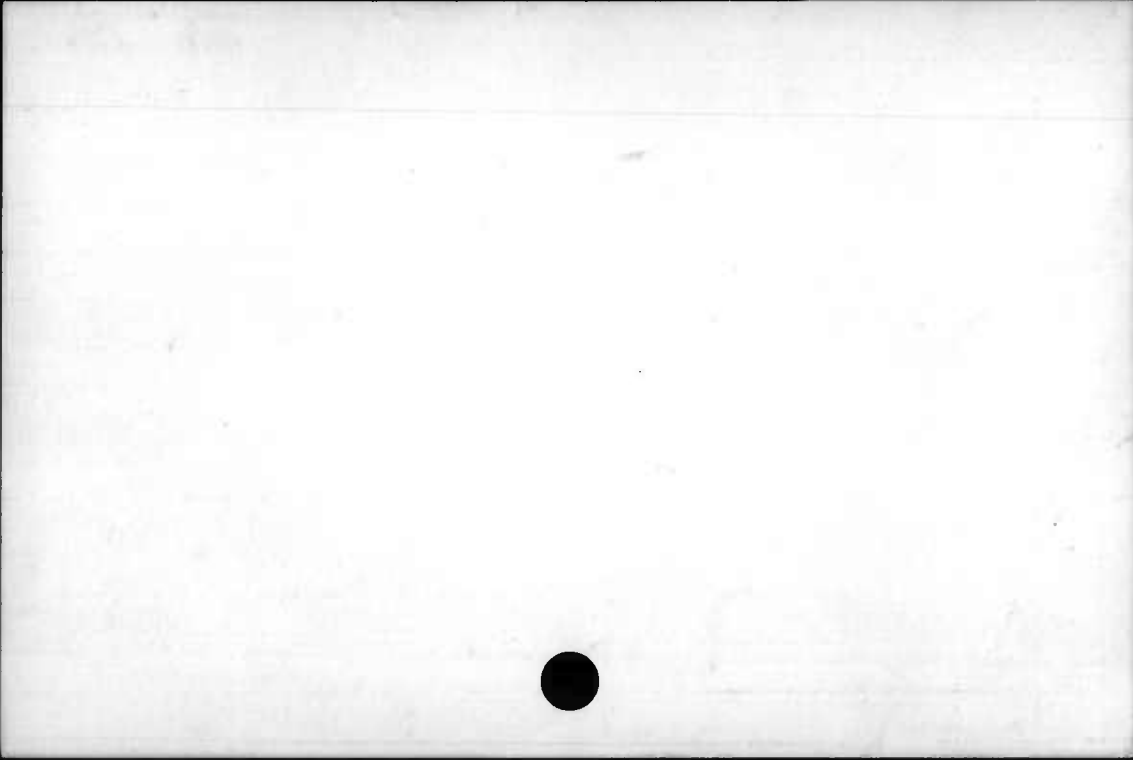
MARYLAND

Died at <i>Newtown</i> ^{Town}		<i>Yalbo</i> ^{County}			
Date of death 1903	<i>October</i> ^{Month}	<i>2nd</i> ^{Day}	Age <i>24</i> ^{Years}	<i>—</i> ^{Months}	<i>—</i> ^{Days}
Sex <i>Female</i>	Color or Race <i>Black</i>		Birth-place <i>Newtown</i>		
Married, Single or Widowed <i>Single</i>		Occupation <i>House-maid</i>			
Name of Wife or Husband <i>None</i>					
Father's Name <i>Peter Dennis</i>		<i>38</i>		Father's Birthplace <i>Wiles River Neck Md.</i>	
Mother's Maiden Name <i>Becky Smith</i>				Mother's Birthplace <i>Maryland</i>	
Name of person giving information <i>Thomas H Dennis</i>				How related to deceased <i>Brother</i>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Acute Brights following Pertussis</i>	How long <i>2 1/2 Months</i>
Immediate <i>Oedema of Lungs</i>	How long <i>2 weeks</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>C. M. Stille M.D.</i>
	Address <i>Cordova - Md.</i>
Accident or Suicide?	



Name
in
Full

William Thomas Collier


CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Near Easton</i>		<i>Talbot</i> County		MARYLAND	
Date of death	1903	Month	Dec	Day	31
Age		74		Months	11
Sex		Male		Color or Race	White
Occupation		Farmer		Birth-place	Ind
Where Residing if not at place of death		—			
Married, Single or Widowed	Married		Name of Wife or Husband	Mrs Mary Collier	
Father's Name	John Collier		Father's Birthplace		
Mother's Maiden Name	Lorina Ringgold		Mother's Birthplace	79	
Name of person giving Information	Walter Collier		How related to deceased	Son	

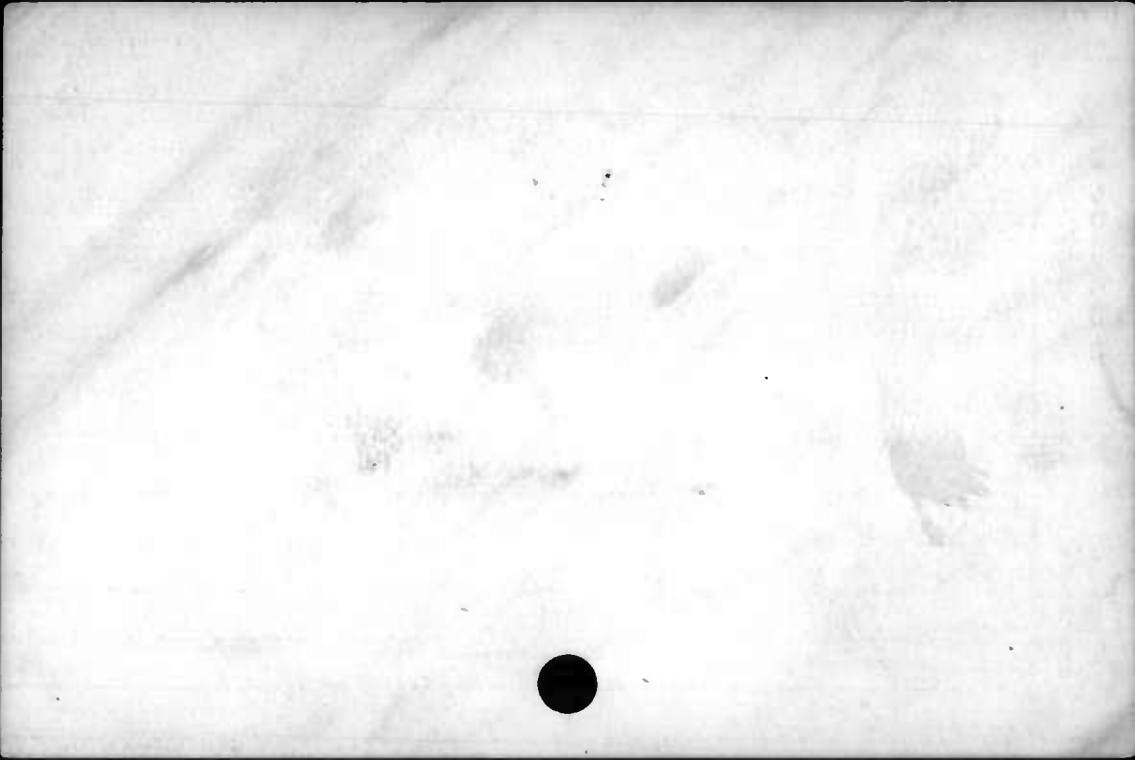
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Valvular Disease Heart</i>		How long	<i>2 or 3 years</i>
Immediate	<i>Heart-failure</i>		How long	<i>Instantly</i>
Are the name, age, sex, color, date and place correctly given above?		<i>Yes</i>	Signature of Physician	<i>Julius A. Johnson</i>
			Address	<i>Easton Ind</i>
				
Accident or Suicide?				



Name in Full		William A. Fields				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Royal Oak		Talbot		MARYLAND	
	Date of death 1903	Month	Oct	Day	25	Age	23
	Sex	Male		Color or Race	White	Months	4
	Married, Single or Widowed	Single		Occupation	Farmer		
	Name of Wife or Husband	27					
	Father's Name	Edward C. Fields			Father's Birthplace	Royal Oak	
	Mother's Maiden Name	Elizabeth Goulbourn			Mother's Birthplace	Perry Neck	
	Name of person giving information	Edward C. Fields			How related to deceased	Father	
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary					How long	
	Immediate	Tuberculosis				How long	4 months
	Are the name, age, sex, color, date and place correctly given above?	yes				Signature of Physician	Samuel E. Tripp
						Address	Royal Oak Md.
	Accident or Suicide?	—					



Certificate of Death

Died at Lily ^{Town} hman ^{County} Salvato MARYLAND

Husband of _____
 Wife _____
 Father's Name John P. Horseley Mother's Name Ada Parnen

Reported by *Dr. S. K. Wilson*
Address *Tulsa*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

CERTIFICATE OF DEATH

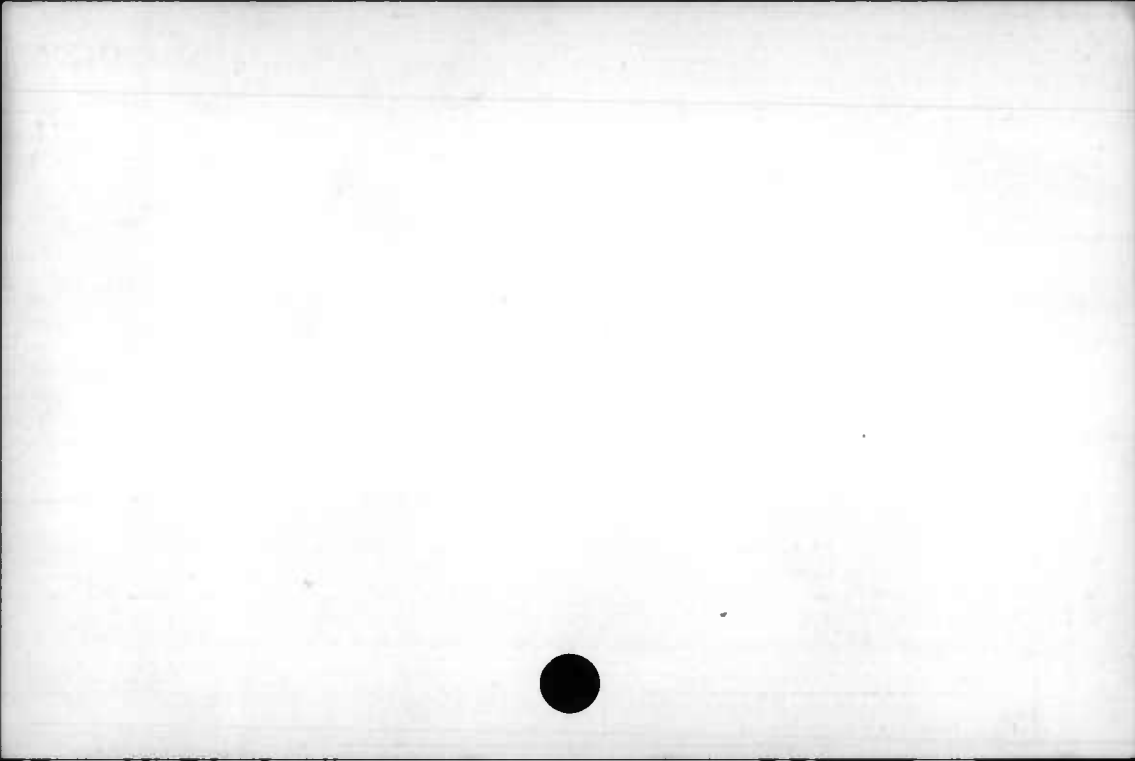
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Easton</u> ^{Town}		<u>Talbot</u> ^{County}		MARYLAND	
Date of death <u>1903</u>	Month <u>Oct</u>	Day <u>29</u>	Age	Years	Months <u>1</u> Days <u>14</u>
Sex <u>male</u>	Color or Race <u>Black</u>		Birth-place <u>Easton</u>		
Married, Single or Widowed <u>single</u>			Occupation <u>+</u>		
Name of Wife or Husband					
Father's Name <u>Adison Johnson</u>			Father's Birthplace <u>Easton</u>		
Mother's Maiden Name <u>Jeanah Johnson</u>			Mother's Birthplace <u>near Easton</u>		
Name of person giving information <u>Father</u>			How related to deceased		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Stomach Trouble</u>	How long <u>one month</u>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician
	Address
Accident or Suicide?	



Name
in
Full

Thomas H. Kemp

CERTIFICATE OF DEATH

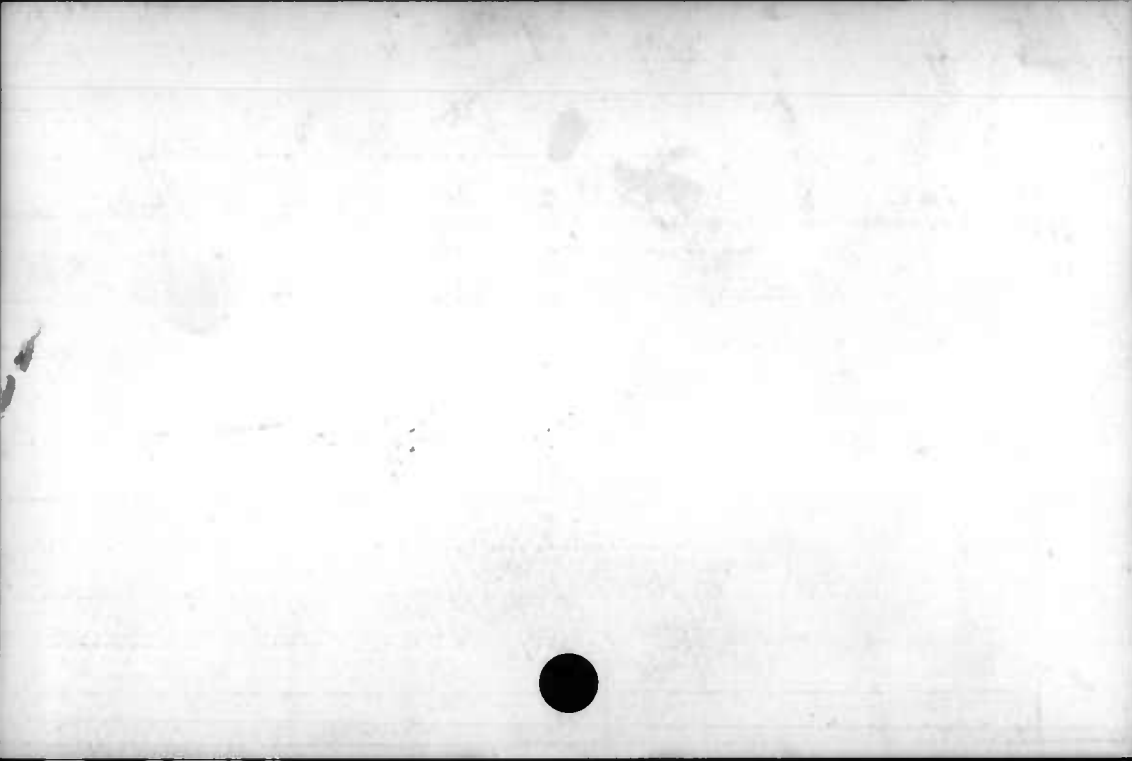
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>New Bridge</u> ^{Town}		<u>Talbot</u> ^{County}		MARYLAND	
Date of death 190	<u>3</u> ^{Month}	<u>10</u> ^{Day}	Age <u>1</u> ^{Years}	<u>11</u> ^{Months}	<u>—</u> ^{Days}
Sex <u>Male</u>	Color or Race <u>White</u>		Birth-place <u>MD</u>		
Married, Single or Widowed			Occupation		
Name of Wife or Husband					
Father's Name <u>Benjamin Kemp</u> ^{93.}			Father's Birthplace <u>MD</u>		
Mother's Maiden Name <u>Anne K Kemp</u>			Mother's Birthplace <u>MD</u>		
Name of person giving information <u>Benjamin Kemp</u>			How related to deceased <u>Father</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Pneumonia</u>	How long <u>2 days</u>
Immediate <u>Anne</u>	How long <u>—</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>[Signature]</u>
	Address <u>[Signature]</u>
Accident or Suicide?	<u>MD</u>



Name
in
Full

Mrs. Anne Maria Nichols

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at

Oxford

Town

Talbott

County

MARYLAND

Date

of death 190

3

Month

October

Day

31

Age

Years

70

Months

Days

Sex

Female

Color or
Race

White

Birth-
place

Talbott Co. Md.

Married, Single
or Widowed

Married

Occupation

Housekeeper

Name of Wife or
Husband

James Nichols

Father's
Name

Samuel H. Catrup

Father's
Birthplace

Talbott Co. Md.

Mother's
Maiden Name

Sarah Jane Porter

Mother's
Birthplace

Talbott Co. Md.

Name of person giving
In formation

Samuel C. Nichols

How related
to deceased

Son.

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Paralysis

How long

Three weeks

Immediate

Paralysis

How long

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

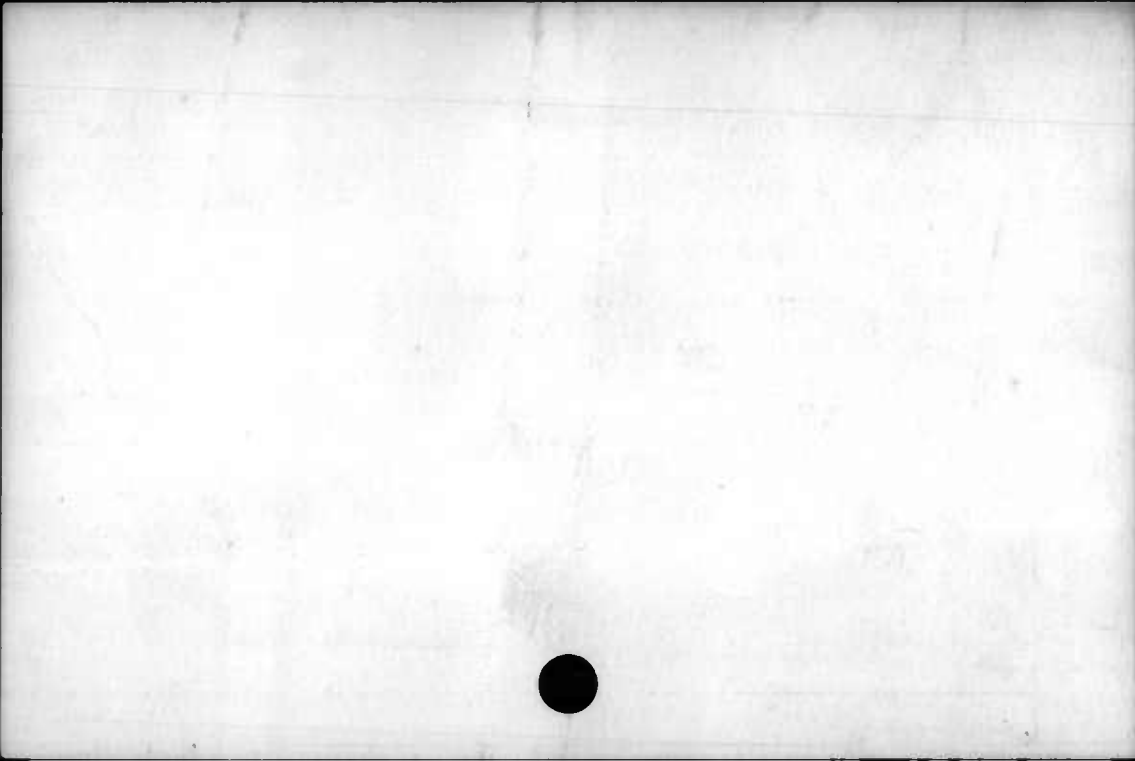
J. A. Stevens M.D.

Address

Oxford

Md.

Accident or Suicide? _____



Name in Full

Certificate of Death

James Reddie

Town

Easton

County

Talbot

MARYLAND

Died at

Date 1903 Month Oct. Day 31 Age 1-7-19 Native of U.S.A. Occupation Baby

Male

White

~~Married~~

Widow

~~Divorced~~~~Female~~~~Colored~~~~Single~~

Widower

Number of children living

Husband of

Wife

Father's Name

Jm Reddie

Mother's

Maiden Name

Alice Gale

Cause of

Primary

Ileo. Colitis (Acute)

How long sick

8 days

Death

Immediate

Exhaustion

~~Accident, Suicide, Homicide~~

Reported by

Chas. F. Davidson

Address

Easton, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name In Full

Certificate of Death

Arthur Eugene Rozier

Town

County

Died at near Trappe

Talbot

MARYLAND

Date 1903 Oct 9 Y. M. D. Age 17 Native of Talbot Co Occupation

Male ~~White~~ ~~Married~~ ~~Widow~~ ~~Divorced~~

~~Female~~ ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living

Husband
of
WifeFather's
Name

Nathan Rozier

Mother's
Name

Jane Rozier

Cause of

Primary

Phthisis

How long sick

3 mos

Death

Immediate

Accident, Suicide, Homicide

Reported by

Doct. J. M. Cornick

Address

Trappe

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Attended by Dr. _____
of _____

Seen by Coroner _____
of _____

Name
in
Full

CERTIFICATE OF DEATH

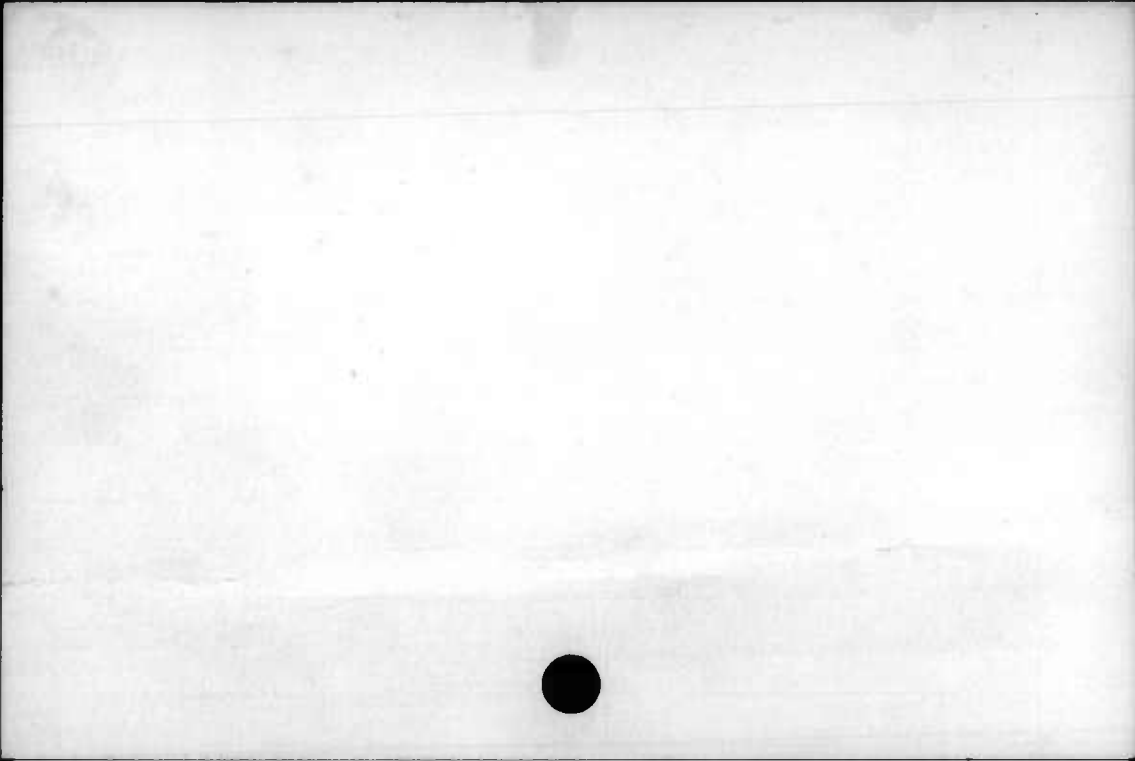
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Melbina Russell</i>		Town <i>Oxford</i>		County <i>Fallot</i>		MARYLAND	
Died at <i>Oxford</i>		Month <i>Oct</i>		Day <i>4</i>		Years <i>31</i>	
Date of death 190 <i>Oct</i>		Month <i>Oct</i>		Day <i>4</i>		Years <i>31</i>	
Sex <i>Female</i>		Color or Race <i>American</i>		Birth-place <i>Fallot Co</i>		Months <i>5</i>	
Married, Single or Widowed <i>Married</i>		Occupation <i>Housewife</i>				Days <i></i>	
Name of Wife or Husband <i>Geo T. Russell</i>							
Father's Name <i>N.P. Zowers</i>		Father's Birthplace <i>Caroline Co</i>					
Mother's Maiden Name <i>Elizabeth Moon</i>		Mother's Birthplace <i>Del</i>					
Name of person giving information <i>N.P. Zowers</i>		How related to deceased <i>Father</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Phthisis</i>	How long <i>One year</i>
Immediate <i>Exhaustion</i>	How long <i></i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>J.A. Stevens</i>
	Address <i>Oxford</i>
Accident or Suicide? <i></i>	



Name
in
Full

Not named Still born

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at <i>near Trappe</i> ^{Town}		<i>Salisbury</i> ^{County}			
Date of death 1903	Month <i>oct</i>	Day <i>13</i>	Age <i>0</i>	Months <i>0</i>	Days <i>0</i>
Sex <i>female</i>	Color or Race <i>white</i>		Birth-place <i>near Trappe</i>		
Occupation <i>x</i>	Where Residing if not at place of death <i>x</i>				
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband <i>x</i> <i>G.</i>				
Father's Name <i>Charles H Paulstony</i>	Father's Birthplace <i>Ind</i>				
Mother's Maiden Name <i>Ida Mary white</i>	Mother's Birthplace <i>Ind</i>				
Name of person giving Information			How related to deceased		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Still Born</i>	How long <i>x</i>
Immediate	How long <i>x</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Joseph A Ross M.D.</i>
	Address <i>Trappe</i>
Accident or Suicide?	



Kary G. Sparks

Died at *St. Michaels* ^{Town}

Talbot ^{County}

MARYLAND

Date	1903	Month	Day	Age	Y.	M.	D.	Native of	Occupation
		<i>Oct.</i>	<i>6</i>	<i>83</i>	<i>-</i>	<i>2</i>		<i>Maryland</i>	<i>Housewife</i>
		<i>Male</i>	<i>White</i>	<i>Married</i>				<i>Widow</i>	<i>Divorced</i>
		<i>Female</i>	<i>Colored</i>	<i>Single</i>				<i>Widower</i>	<i>Number of children living</i>
									<i>Five</i>

Husband of *Oliver P. Sparks* *15*

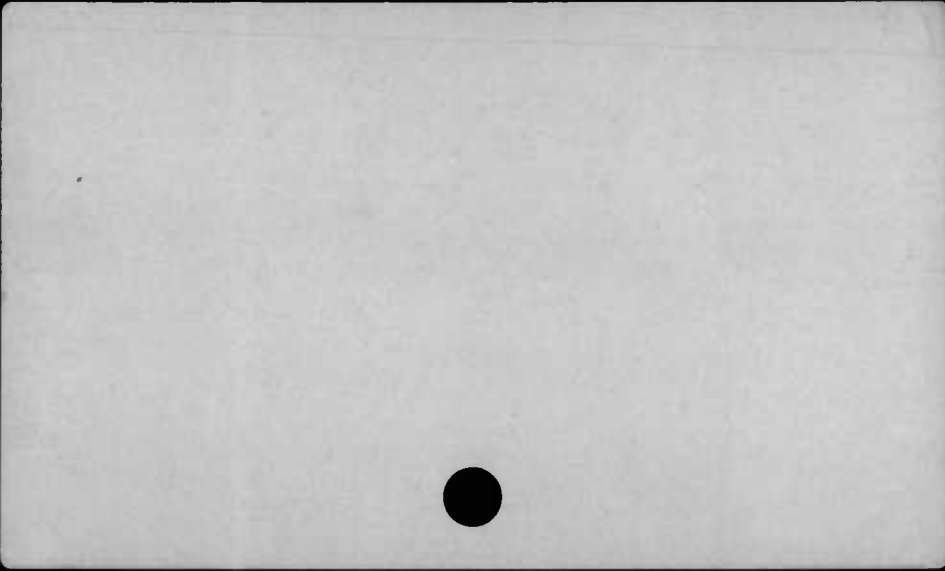
Wife

Father's Name *Joseph Kempf* Mother's Maiden Name *Ailsiey Ridgeway*

Cause of	Primary	Advance years	How long sick
			<i>about 6 wks.</i>
Death	Immediate	General debility,	Accident, Suicide, Homicide
		<i>General debility,</i>	

Reported by *Robt. A. Dodson*

Address *St. Michaels Md.*



Name
in
Full

John Thomas

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		Johns County		MARYLAND	
Date of death 1903	Month 10th	Day 15th	Age 69	Years	Months	Days	
Sex Male	Color or Race Negro		Birth- place				
Married, Single or Widowed		Married		Occupation		Laborer	
Name of Wife or Husband							
Father's Name				Father's Birthplace			
Mother's Maiden Name				Mother's Birthplace			
Name of person giving Information				How related to deceased			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Valvular Disease Heart -	How long	Several years
Immediate	Effusion in Pericardium & Lungs	How long	3 or 4 days
Are the name, age, sex, color, date and place correctly given above?		Yes	
Signature of Physician		Julius A. Johnson	
Address		Cosh, Md	
Accident or Suicide?			



Name

in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Dover Bridge</i> ^{Town}		<i>Talbot</i> ^{County}		MARYLAND	
Date of death 190 <i>3</i>	Month <i>October</i>	Day <i>13th</i>	Years <i>21</i>	Months <i>5</i>	Days <i>3</i>
Sex <i>Male</i>	Color or Race <i>Colored</i>	Birth-place <i>Drytown.</i>			
Married, Single or Widowed <i>Single</i>	Occupation <i>Laborer</i>				
Name of Wife or Husband			Father's Birthplace <i>Drytown</i>		
Father's Name <i>James Walley</i>			Mother's Birthplace <i>Caddora</i>		
Mother's Maiden Name <i>Lottie Walker</i>			How related to deceased <i>Brother-in-law</i>		
Name of person giving information <i>Edward E. Wilkins</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Cordiac Dilatation acute</i>	How long <i>one week</i>
Immediate <i>Cordiac Asthenia</i>	How long <i>about 3 hrs.</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>P. L. Travers.</i>
	Address <i>Easton, Talbot Co., Md.</i>
Accident or Suicide?	



Name In Full

Certificate of Death

Maria J. Ward

Town

Easton

County

Talbot-

MARYLAND

Died near

Date 1903

Month

Oct. 25

Day

Y.

M.

D.

Native of

Occupation

Age

61

-

-

U. S. a.

House Keeper

1
Female

White

~~Married~~

Widow

~~Divorced~~~~Colored~~~~Single~~~~Widower~~

Number of children living

one

Husband of

Wife

Father's
Name

Mother's

Maiden Name

Thayer

Not Known

Cause of

Primary

Cancer of Stomach (Pyloric)

How long sick

9 Mos

Death

Immediate

Exhaustion

~~Accident, Suicide, Homicide~~

Reported by

Chas. F. Davidson

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

